

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/549940

FILING DATE

APPLICATOR

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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48									98						
49									99						
50									100						
TOTAL IND.		↓	2	↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	18	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			20						TOTAL CLAIMS						